CHAPTER 29

PHYSICAL DEVELOPMENT

(Sponsor: NAVY PEOPLE-PS OP FITNESS SO2)

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CHAPTER 29

PHYSICAL DEVELOPMENT

SECTION 1

GENERAL

2901. Introduction

Armed conflict, at its most extreme, is characterised by intense, extensive and sustained combat. Even routine Naval activities in peacetime can place considerable physical and mental demands on personnel. Therefore, RN personnel must be physically fit and robust enough to withstand the rigours of Service life whether at war or in peace. Physical Development (PDev) plays a crucial role in this process and is instrumental to developing RN Ethos. It also plays an important part in the maintenance of morale which, amongst the ten principles of war, is considered the single most important critical success factor across the spectrum of conflict, including military activities in peace[1]. The delivery of individuals who are mentally and physically robust with a war-fighting spirit and who understand how the physical, mental and emotional components impact on military effect, contributes significantly to the development and sustainment of the Moral Component of Operational Capability. PDev is the cornerstone that provides a 'Winning Spirit' comprising self-confidence, leadership, teamwork, robustness, grit and the will to win. Feedback has provided evidence to show that the Lived Experience is enhanced by PDev supporting retention.

2902. PDev Strategy and Policy

Head of People Support is the OF5 lead for PDev Strategy and Policy and is also the Head of the PT Specialisation. Working through the Deputy Director People Delivery (DDPD) to the Director People and Training (Dir P&T), Head of People Support is responsible for the governance and delivery of SQEP PTIs, Physical Education (including the promotion of Healthy Lifestyle), Adventurous Training and access to sport. Day to day desk level activity for the development, implementation and assessment of PDev policy is delegated to three SO1s, each responsible for the pillars outlined below:

a. **Physical Education (PEd).** SO1 PEd
Tel: +443001646387
email: NAVY PEOPLE-PS COTEM SO1 PED

b. **RN Adventurous Training HQ.** SO1 AT
Tel: +443001528538
email: NAVY PEOPLE-PS AT SO1

c. **Sport.** SO1 NS
Tel: +443001554646
email: NAVY PEOPLE-PS SPORT SO1

[1] British Defence Doctrine Annex A (JWP 0-01).

SECTION 2

PILLARS OF PHYSICAL DEVELOPMENT

2903. Pillars of Physical Development

a. There are three pillars of PDev: Physical Education (PEd), Adventurous Training (AT) and Sport. Singularly, the pillars are valuable; taken as a whole their impact is invaluable. The collective outcome of PDev programmes and opportunities is to develop the ability to respond instantly and effectively to the physical and psychological demands of operations and be able to maintain that resilience over prolonged periods. The PDev Mission is therefore:

To provide accessible support services that strengthen and enhance the resilience and resourcefulness of RN personnel, their families and communities'.

b. The BR providing detailed instructions and guidance for PDev is BRd 51.

2904. Physical Education (PEd)

a. PEd includes Executive Health and RNPES, both of which address the core requirement for physical fitness by promoting a life-long exercise habit and healthy lifestyle, underlining the importance of these in a Naval context. Its purpose is to enable personnel to withstand the physical rigours of Service life and imbue them with a winning war-fighting spirit. The main reference is BRd 51, the Physical Development Manual, which although primarily a book of reference for the PT Specialisation both RN & RM, is also of general interest and use to all those concerned in any way with Physical Education (PEd), Physical Training (PT), and physical fitness in the Royal Navy. The test format and delivery for RNPES are detailed in BRd 51.

2905. Adventurous Training

a. Adventurous Training (AT) is mandated military training that attracts public funding and makes a significant contribution to the delivery of operational capability.

b. The main Defence Policy references for AT is JSP 419, supplemented by BRd 51 which provides additional single Service (sS) guidance. AT provides challenging outdoor training for Service personnel in specified adventurous activities, involving controlled exposure to risk, to develop leadership, resilience teamwork, physical fitness, moral and physical courage, among other personal attributes and skills that contribute to Operational Capability. The benefits of participation in AT has been recognised by 2SL and is included within Personnel Functional Standards (PFS) as a Cat A requirement. Personnel should be given the opportunity to conduct five days of AT per year as a minimum requirement. The activities listed below are recognised as AT activities by the three Services and are conducted under the Joint Service AT (JSAT) Scheme to encourage and increase Service participation:

(1) Offshore Sailing.

(2) Sub Aqua Diving.

(3) Canoeing and Kayaking.

(4) Caving.

(5) Mountaineering.

(6) Skiing.

(7) Parachuting.

(8) Gliding.

(9) Paragliding.

(10) Mountain Biking.

c. BRd 51 provides details of a select number of additional Similar Adventurous Activities (SAA) and Challenging Activities (CA) that the RN recognise as activities contributing towards individual and collective development. The CA scheme offers a progressive pathway onto the JSAT Scheme, is generally more accessible to RN personnel and offers Junior personnel an opportunity to lead activities and develop skills in Base Port area with minimal administrative burden.

d. Commanding Officers are encouraged to use Adventurous Training as a core mechanism for developing their people.

2906. Sport

Sport in the Royal Navy makes a significant contribution to operational effectiveness, fighting spirit and personal development. It is recognised as a feature of the Armed Forces Covenant, and plays an important part in Service life, including recruiting and retention and in many instances provides excellent public visibility of the Services. Thus it has a wide role, but specifically within the envelope of Physical Development (PDev), it contributes to fitness, teamwork, leadership, self-discipline, determination, co-ordination, courage, competitive spirit, individual and collective resilience, and consequently military ethos. Inextricably linked to operational efficiency, authorised sport is a Condition of Service with duty status and is a core activity that cannot be considered discretionary. Sport supports the recovery and rehabilitation of the wounded, injured and sick (WIS). It also provides a balance in the lives of Service personnel from the pressures of military commitments and, during periods of high tempo operations, an invaluable opportunity for decompression. It is to engender all these qualities that public funding and time is made available for Service sport. This Policy applies both to Regular and Reserve Service personnel.

a. **Principles.** The principles underpinning the Royal Navy sport policy are:

(1) To create an environment which encourages Service personnel, both Regular and Reserve, to participate in a full range of sporting activity, whatever their level of ability.

(2) To provide personnel with time for sport and access to a clearly defined standard of sports facilities and equipment, in order to achieve, maintain fitness, health and wellbeing.

(3) To encourage sporting success at individual, unit and representational level and provide a framework for Service, Inter-Service and United Kingdom Armed Forces sports competitions and representational sporting opportunities.

b. **Governance.** 2SL provides strategic direction of Royal Navy Sport. Responsibility for Royal Navy Sport policy, higher-level coordination of its resources, both public and non-public, together with promotion and management is exercised by Dir P&T, through Chairing of the Royal Navy Sports Board (RNSB) and subordinate Commanders, Deputy Director People Delivery (DDPD), Head of People Support (Hd PS) and Head of Navy Sport (Hd NS). All RN sports are played in accordance with national governing body (NGB) rules and guidelines. RN Sports Associations administer their sport in accordance with Service instructions and any directives from the relevant NGB. RN Sports Associations are MOD bodies accountable through the chain of command. The responsibilities of Commanding Officers for sport are detailed in King's Regulations, Training Directives and Second Sea Lord's Personnel Functional Standards (see Chapter 22), all of which encourage participation in sport along with the provision of time and public funding. Commanding Officers are responsible for sport within their Commands and should authorise activity through Unit Sports Boards and/or through Physical Training staff.

c. **Further information.** JSP 660 (Sport in the UK Armed Forces) and BR 51 Part 4 (Sport in the Royal Navy) are the books of reference for Naval Sport.

2907. Physical Development Communications

A number of channels of communication have been developed to assist culture change and inform the Royal Navy on PDev issues and opportunities, as follows:

a. **NAVYfit.** NAVYfit stands as the all-encompassing face of RN PDev to raise awareness of PDev key messages and the offer, available to all RN personnel.

b. **NAVYfit Website.** The NAVYfit Website is accessible through the Defence Gateway and currently going through transformation, so is not live or being updated.

c. **Sports Master Fixtures List (MFL).** The Sports Master Fixtures List is an interactive Excel document, providing details of RN Grassroots to RN Representative and UKAF sports fixtures, including those authorised for centrally funded sport travel (STA) at public expense.

d. **Social Media.** The NAVYfit social media and NAVYfit YouTube playlist (accessible via the Royal Navy's YouTube channel), promotes 'the offer', provides news, multimedia, opportunities, fixtures and results.

SECTION 3

AUTHORISATION AND GOVERNANCE OF 'ONE-OFF' ACTIVITIES WHICH ARE NOT CATEGORISED AS SPORT OR ADVENTUROUS TRAINING

2908. General

Whilst definitive lists of the various recognised Joint Service (JS) Sport and AT activities are contained in JSP 419 (AT in UK Armed Forces) and JSP 660 (Sport in the UK Armed Forces), there are a number of RN single Service exceptions to these contained within BRd51 (Physical Development and Sport in the Royal Navy).

a. **Aim.** The aim of Section 3 is to provide a 'handrail' to Commanding Officers who may wish to authorise other 'one-off' activities that fall outside the clear rules provided above and detail points for consideration including how to address the risks involved.

b. **Governance.** The JSPs also describe the proven process for authorising and governing the recognised Sport and AT activity. However, the process for the authorisation of other non-standard or 'one-off' activities is less clear. Some may look like Sport or AT, whilst others (Battlefield Tours or Charity Fund Raising events) may have only a tenuous connection, but they do have a military, (training, RN In the Public Eye (RNIPE), etc.) benefit and so some risk may be acceptable.

c. Such non-standard activities should be fully Risked Assessed with the risk being held by an empowered Accountable Person (AP). The key being that the Risk Balance Case (see BRd10 Policy Leaflet 4.3, Risk Balance Case) is accepted by the AP if the risk needs to be escalated, thus providing an audit trail.

d. **Guidance.** A table listing the key points for consideration before authorising an activity are provided at Annex B. This applies to activities which are not listed within the JSPs or in BRd51 and are likely to be 'one-off' occurrences. There are separate instructions for activities that will become routine/regular occurrences . The PT staff in units are fully conversant with this guidance, and their advice should be sought early.

e. **Other PDev Activities.** Activities which are conducted on a regular basis may be eligible to acceptance as 'Other PDev Activities' through the Military Judgement Panel chaired by Hd RN Sport. These activities are similar to RN Sports Associations but cannot have this status if there is no National Governing Body or similar governance structure. CrossFit, Field Gun and E-Sports are examples of Other PDev Activities recently afforded similar status to RN Sports Associations. For more info contact NAVY PEOPLE-PS SPORT POL.

SECTION 4

ROYAL NAVY PHYSICAL EMPLOYMENT STANDARD (RNPES)

2909. General

a. RNPES has developed over seven years under the scientific guidance of the Institute of Naval Medicine (INM) following a NATO standard approach overseen by Dir P&T, and the People Support Operational Fitness Team (Op Fitness). Trials have been conducted on ships and in numerous establishments and naval bases, covering over 600 personnel across all age and gender demographics. The trials and scientific analysis have resulted in an RNPES circuit that replicates actual on-board tasks. RNPES was approved by a multi-profession military judgement panel (MJP), moving the project from research and analysis to implementation.

b. RNPES is a RN uniformed workforce, minimum acceptable physical employment standard annual test, that is fully inclusive with one standard, that is fair, reasonable and credible. It is applicable to all RN uniformed personnel (officers and ratings); the RNR and Royal Fleet Reservists undertaking FTRS. The Royal Fleet Auxiliary (RFA) is currently excluded from PES.

c. The RNPES is legally defensible, and, combined with good functional fitness conditioning training in preparation for the test, will contribute towards health and performance of the RN population. It will reduce musculoskeletal injury if good progressive functional training is conducted regularly. It is the mandated physical employment standard for all RN personnel on the trained strength. RNPES has been designed to be time efficient; the process can be completed within a 45-minute period including administration, warm up, test and cool down.

d. The detailed policy is in RNTM 01-057-24 and BRd 51 or contact NAVY PEOPLE-PS OP FITNESS (MULTIUSER) NAVYPEOPLE-PSOPFITNESS@mod.gov.uk.

SECTION 5

ROYAL NAVY HEALTH AND WELLBEING

Reference:
Strategic Command Health and Wellbeing Plan 2023-2027.

2910. Royal Navy Health and Wellbeing

a. **Strategic Vision.** To optimise health and enhance performance across the Royal Navy (RN) by maintaining and improving physical, cognitive and emotional wellbeing through evidence-based activity, behaviours-based activity, behaviours and interventions.

b. **Strategic Aim.** Health and Performance (H&P) enhances warfighting readiness by delivering professional, scientific subject matter expertise, supported by a digitally enabled ecosystem, to the Royal Navy and Royal Marines. It enables military and civilian personnel to sustain healthy lifestyles, including in challenging and austere environments, to reduce injury, illness and poor mental health, and to maximise operational efficiency.

c. **Importance of Health and Performance in the RN.** The main benefits of a successful H&P strategy are:

(1) Increased operational and warfighting capability and effectiveness.

(2) Ability to stay in the fight – able to recover, repair, rebuild, and regenerate.

(3) Reduction in injury and illness burden.

(4) Increased retention of our people.

(5) Improved recovery rate following injury and illness.

d. Health Performance Strategic Priority Areas[2]

People.

(1) Musculoskeletal Injury (MSKI)

(2) Mental Wellbeing & Resilience

(3) Health Inequalities

(4) Suicide Prevention

(5) Recovery Support

[2]https://assets.publishing.service.gov.uk/media/62b3333dd3bf7f0af6480740/Defence_People_Health_and_ Wellbeing_Strategy.pdf

Lifestyles.

(6) Nutrition

(7) Addictions & Lifestyles Choices (e.g. smoking, alcohol, gambling)

e. The Royal Navy Health and Performance Team operate in the Promote and Prevent areas.

(1) Promote. Focuses on sustaining positive organisational behaviour and a supportive culture.

(2) Prevent. Focuses on non-medical initiatives aimed at mitigating the impact of expected life and work stressors.

2911. Executive Health

a. The term Executive Health refers to the non-clinical elements of Health Promotion and the decision-making process that support the maintenance of a healthy lifestyle. Clinical healthcare remains the responsibility of qualified healthcare practitioners.

b. **Delivery.** Six Executive health priorities have been identified which will be reviewed annually.

(1) Women's Health

(2) Addictions

(3) Healthier Weight

(4) Sexual health & Relationships

(5) Mental Fitness

(6) Musculoskeletal Injuries and Physical Development

c. **Executive Health Contact.** For any questions regarding Health and Performance contact NAVYPEOPLE-PSHWGROUP@mod.gov.uk.

d. **Whole Systems Approach.** A System for Health (SfH) applies a whole-system approach to improving health outcomes. It places people at the centre of their environment and recognises the influence of leadership culture, behavioural drivers and social context. Leaders are to role-model healthy behaviours and prioritise wellbeing. Robust evaluation and reporting are to be established to capture learning and drive continuous improvement. Functional enablers include, but are not limited to:

(1) Structured Physical Training (PT) to support occupational fitness.

(2) Healthier behaviours education.

(3) Education and training activities to inform physical and mental wellbeing.

(4) The dining facility food offer that should support healthy eating and social engagement.

(5) Overarching Leadership to enable a pro-health culture to be realised.

2912. Terms of Reference for the Unit Health & Performance Committee (UH&PC)

a. It is required that all Ships/Units/Establishments must have an active UH&PC that meets, at a minimum, once a term.

b. **Primary Task.** To monitor the Unit against the H&P priorities, promote health initiatives and campaigns, and encourage positive lifestyle choices, which enhance the lifestyle choices across the whole force.

c. **Secondary Tasks:**

(1) To assure the Command that the Ship/Unit/Establishment complies with all extant policies that sit within health and performance.

(2) To identify areas of non-compliance.

(3) To instigate remedial measures to rectify non-compliance and capture salient details within a Unit Health Action Grid (UHAG)[3].

(4) To monitor and move forward all actions detailed within the UHAG. These should also be made visible to the RN Health and Performance Team.

(5) To maintain an accessible Unit Health Calendar containing local health and wellbeing related information and details of relevant campaigns.

d. The UH&PC should consist of the following personnel:

(1) **Shore Establishment.**

(a) Chair (CO)

(b) Vice Chair (BWO/EWO/SO2/SO3)

(c) PTI

(d) ERI

[3] Unit Health Toolkit Version 1 (https://modgovuk.sharepoint.com/:b:/r/teams/62177/HW%20Toolkit/Unit%20Health%20Toolkit%20Version%201.pdf?csf=1&web=1&e=s0IMWH)

(e) Medical Representative (SO3 & POMA)

(f) Occupational Health Nurse

(g) Dental Representative

(h) Catering Representative (Contract and RN FM Manager)

(i) PO/LH Police

(j) Mess Representative (Wardroom, SR, JR)

(k) Chaplain

(l) Others with a special interest in health promotion (optional)

(2) **Ship/Submarine.**

(a) Chair (XO)

(b) EWO/Cox'n

(c) PTI (where applicable)

(d) Medical Representative (MO/POMA/LMA/MA)

(e) Catering Representative (LO/DLO/POCS/LCH)

(f) PO/LH Police

(g) Mess representative (Wardroom, SR, JR)

(h) NAAFI representative

(i) Other with a special interest in health promotion

e. **Accountability.** Executive Health Requirements are the responsibility of the Unit's Commanding Officer and accountable to Dir P&T via the RN Health and Performance Board. UH&PC ROADS and UHAGs are to be sent to NAVYPEOPLE-PSHWGROUP@mod.gov.uk post any meetings. Example UH&PC Agenda and Action Grid. Other suggested topics that could also be discussed at UH&PC and therefore be evidenced in the agenda and actions include, but are not limited to:

(1) Sleep and Daylight.

(2) Shift Work.

(3) Oral Health.

2913. Unit Executive Health Requirements

Unit Health Committees and health and wellbeing are an Executive function. It is required that all Ships/Units/Establishments meet the following requirements. (12 is relevant for Shore Establishments only.)

a. All Units are to have an **active** UH&PC which meets once per term.

b. Prior to holding a UH&PC the Executive or at least once per year, are to have completed a Maritime Health Environment Assessment Tool. See para 2116.

c. The UHC must be chaired by the CO (shoreside) XO (Ships/submarines).

d. Hold a UH&PC meeting within 1 month before a deployment.

e. The UH&PC must The UH&PC must address the best interests of all personnel and be responsive to change.

f. After each UH&PC meeting, the minutes and UHAG must be sent to RN H&P Team.

g. Hold regular H&P days/events/initiatives to promote a healthy lifestyle. These must take place before a deployment. Examples can be found in the H&P Toolkit.

h. All Units must have at least one H&P notice board to provide information and signpost how to access support. These must be updated termly and be in a space with high footfall.

i. A new H&P campaign must be initiated termly. For information on this please contact RN H&P Team.

j. All Units must have the correct amount of Menstrual Support Boxes.

k. No and Low alcohol beverages must be stocked in all mess bars. For information, please see JSP 661 Physical Health and Lifestyles – Section 4.

l. All units must maintain up to date Health and Performance feedback. More information on this can be found in the RN H&P Toolkit on Navy P&T Health & Performance SharePoint.

m. Provision of Pre/Post-Natal support including a breast-feeding facility. For information, please see JSP 661 Women's Health - Section 5.

2114. Maritime Health Assessment Tool (m-HEAT)

a. The Maritime Military Health Environment Assessment Tool (m-HEAT) is an observational audit tool that aims to gather information to describe the maritime military environment from the perspective of supporting health behaviours. This specific version of the m-HEAT assessment tool is aimed at systematically gathering information to describe the health environment of Royal Navy (surface and sub-surface) vessels.

b. The m-HEAT will inform the Unit Health and Performance Committee (UH&PC) in undertaking a Strategic (Health) Needs Assessment. This is a self-assessment tool; it is not an assurance tool. The information from the m-HEAT can provide the basis for a Unit Action Plan.

c. The objectives of the m-HEAT are to collate information to:

(1) Describe the maritime military environment, including its policies and practices, in terms of influencing diet, physical activity, sleep, alcohol consumption and nicotine/tobacco use behaviours.

(2) Identify existing environmental factors that could promote positive health behaviours.

(3) Highlight areas which could be improved, and/or remedial actions taken, to better support health behaviour change programmes and/or interventions.

(4) Identify priority areas where Senior Leader intervention could be targeted to improve the efficacy of remedial actions and/or health behaviour change programmes and/or interventions.

(5) Benchmark key outcome measures, allowing audit scores to be compared across time points, to assess the effectiveness of remedial actions and/or health behaviour change programmes and/or interventions.

d. The Unit Commanding Officer is responsible for the completion of the maritime m-HEAT, who should delegate sections to the appropriate Heads of Department to provide accurate information.

e. The m-HEAT uses a scoring system where positive responses are scored with a ‘+1,’ and negative responses are scored ‘0’. A response of ‘N/A’ may be used in the comments section where an item may not be relevant to the specific maritime workplace (e.g. due to size or role of the vessel).

f. To obtain a final score for each section, sum all the positive responses (NB. for some items a ‘N’ is the positive answer, e.g. *special promotions on high-fat/high-sugar snacks*). A percentage will be calculated, taking into account items marked as ‘N/A’, which will be deducted from the final score for that specific section.

g. Additional narrative responses are not assigned a numerical score and will be used to add contextual depth and understanding to the quantitative scoring system. A free text narrative section is included at the end of the m-HEAT document to allow Unit reflection on the scores. The UH&PC should then consider the challenges/ blockers and facilitators/ enablers to inform an **Action Plan** which is then delivered and monitored by the UH&PC.

2115. Pre and Post-Natal Instruction (PPNI)

For information on maternity and RNPES please see BR51 Chapter 10.

a. Organised maternity exercises classes are to be conducted within the gym environment. All establishments to offer an organised PPNI class once per week, supervised by a qualified pre and post-natal exercise instructor.

b. Facilities should be adapted for mother and a baby in a carrier, and suitable time slots should available.

c. A mother will not bring her baby into an environment where she feels the baby is unsafe. A baby placed alongside an exercise machine when the mother uses the machine can be perfectly safe if the area is set up appropriately and/or the time of day avoids peak usage periods.

d. If the local H&S assessor deems that it is not safe for a mother to bring a baby into the gym environment SO1 PDev and the RN H&P team are to be informed, along with reasons for this conclusion and the actions required.

2116. Menstrual Support Box (MSB)

a. Defence Women's Health Policy outlines that Service Personnel must be provided with additional support to manage menstruation through the provisions of the Menstrual Support Box (MSB). The policy supports the commitment to create an inclusive environment for our diverse workforce. It is an individual's responsibility to choose their menstrual management methods and ensure that they have their own supply of menstrual products. Service Personnel should be encouraged to take enough supplies to last longer than expected under usual conditions.

b. The MSB is there to provide support to Service Personnel by giving them access to menstrual supplies for use in case of unexpected bleeds or when their personal supply has become insufficient. For information, please see JSP 661 Women's Health - Section 3.

c. The MSB, contains disposable products to meet any period needs. Each box is designed to supply approximately 10 personnel for one menstrual cycle. For information, please see JSP 661 Women's Health - Section 3.

d. Eligibility. All units and establishments are eligible to order the MSB. All units and establishments should always have a MSB with sufficient supplies.

e. Procurement. It is the responsibility of the unit's Logistics Officer (or equivalent) to order the Menstrual Support Box for their unit. Boxes can be ordered via the Management of Joint Deployed Inventory (MJDI) using NSN DAS6 6150-99-979-4979.

(1) Units should order the MSB based on the number of personnel who menstruate. The number of MSB per unit should be equal to 10% of female deploying personnel (minimum quantity of 1).

(2) The logistics team must ensure that the MSB is stocked and should reorder a box when any quantity of the items reaches less than 25% of a complete box. Some items within the MSB will have expiry dates. The logistics team must ensure any contents past their expiry dates are disposed of.

SECTION 6

PUBLIC FUNDING TO ACCESS FITNESS TRAINING FACILITIES

2917. Provision Of Civilian Gymnasium Membership – Criteria

A level of physical fitness ability is required to pass the RN Physical Employment Standard (RNPES). In addition, evidence has shown regular fitness training has a positive impact on individual Health and Wellbeing supporting a better Lived Experience. All RN personnel are expected to maintain the minimum acceptable physical employment standard annually, as defined in the RNPES policy. To support the annual physical test requirement, military fitness facilities are in normal circumstances provided. However, it is recognised that exceptionally, there are those who are assigned to remote locations where military fitness facilities are not available. Consequently, alternative arrangements are available to allow RN personnel to gain access to civilian fitness facilities, at public expense. The eligibility criteria are in BRd 51 Chap 8 or contact: NAVY PEOPLE-PS OP FITNESS (MULTIUSER) NAVYPEOPLE-PSOPFITNESS@mod.gov.uk.

ANNEX 29A

UHC AGENDA TEMPLATES WITH UHC ACTION GRID

Serial	Item	Lead
1.	Welcome and Introduction	Chair
2.	Review and Update of Previous UHC Meeting Action Grid	Chair/SME
3.	Updates on the following (delete as appropriate) a. Women's Health b. Addictions 1. Alcohol 2. Smoking/vaping 3. Gambling 4. Energy drinks c. Healthier Weight 1. Physical Activity 2. Nutrition d. Sexual Health and Relationships e. Mental Fitness/Resilience 1. Mental Fitness Training f. MSKI g. Other	SMEs
4.	Unit Health Data and Feedback from reps. (RNPES/DOFit/Remedials/Smoking Cessation)	PTI (where applicable)/ Medical Team
5.	Review and update of H&W campaigns and initatives.	Sec
6.	CO/XO top 3 termly local priorities and action plans. These should be escalated to RN H&W Team	Chair
7.	Areas requiring assistance from RN H&W team.	Chair/Sec
8.	AOB	All
9.	Proposed date of next meeting	Sec

For examples of what you may discuss in each section please see the Unit Health Toolkit.

When deciding actions please use the following colour code:

If action is needed to be taken immediately (within 1 month)	**Red**
If action is moderate (2-3 months)	**Amber**
If action is not urgent (3+ months)	**Green**

Serial	Item	Action	Lead	RAG
1.	Welcome and Introduction			
2.	Review and Update of Previous UHC Meeting Action Grid			
3.	Updates on the following (delete as appropriate) a. Women's Health b. Addictions 1. Alcohol 2. Smoking/vaping 3. Gambling 4. Energy drinks c. Healthier Weight 1. Physical Activity 2. Nutrition d. Sexual Health and Relationships e. Mental Fitness/Resilience 1. Mental Fitness Training f. MSKI g. Other			
4.	Unit Health Data and Key Performance Indicators (RNPES/DOFit/Remedials/Smoking Cessation)			
5.	Review and update of H&W campaigns and initiatives.			
6.	CO/XO top 3 termly local priorities and action plans. These should be escalated to RN H&W Team			
7.	Areas requiring assistance from RN H&W team.			
8.	AOB			
9.	Proposed date of next meeting			

For examples of how to use the colour coding and actions that may come up please see the Unit Health Toolkit.

ANNEX 29B

AUTHORISATION AND GOVERNANCE OF 'ONE-OFF' ACTIVITIES WHICH ARE NOT CATEGORISED AS SPORT OR ADVENTUROUS TRAINING

1. The key points for consideration before authorising an activity are provided in Table 29B-1 below:

Table 29B-1. Key Points.

Condition	Key Points to Consider
Types of Activity.	Due to the broad spread of events/activities, it is not possible to provide a definitive list, however, examples that could be considered by the CoC are: The Three Peaks Yacht Race The Scottish Islands Peaks Race Race the Sun RA Adventure Race Organised Ultra-Distance Endurance Events RM Lympstone to Poole Race Battlefield Tours that are not part of a core military training course An example of a type of activity that should not be authorised are all Civilian Obstacle Course Races[1] (including): Tough Guy Tough Mudder
Is it Appropriate?	The event/activity must be team-based (more than 2 people) and demonstrate a benefit to Defence and the personal development of the team members participating, typically, physical fitness, teamwork and leadership.
Safety	Ensure that there is a Safe System of Training (SST)[2] including the 4 elements of; 'Safe Practice, Safe People, Safe Place and Safe Equipment' is established. Examples are: Ensuring that individuals are wearing appropriate levels of Personal Protective Equipment (PPE). For example, the wearing of PPE that is mandated when conducting any form of military training but is not stipulated for a civilian event/activity then the level of PPE required by the military should not be reduced. Complying with policy when assessing the anticipated environmental conditions before and encountered during the event/activity[3].
Charitable Fund-Raising	Raising money for charity must not be the primary reason for the event/activity, nor must it be a mandatory requirement for participation. A contribution to charity must not be part of an event/activity entry fee.

[1] Civilian OCR are not recognised as providing a Safe System of Training (SST). When military training on obstacle courses is conducted, appropriate levels of clothing (i.e. boots with a heel, full body coverage) and equipment (helmets) are normally worn to protect the individual
[2] JSP 375. Management of Health and Safety in Defence.
[3] JSP 539 – Heat Illness and Cold Injury: Prevention and Management.

Condition	Key Points to Consider
Risk Assessments	A detailed risk assessment (recommend on MOD Form 5010) may be completed by a competent person and subsequently considered by the authorising officer[4]. The risk assessment must consider all components of the event/activity, including travelling to and from the location of the event/activity. The hazards and control measures must be made known to the participants. If circumstances/time dictate, then a dynamic RA should be considered. Particular consideration must be made to the risk of Heat/Cold Illness. All PTIs (or establishment H&S advisors) should be well versed in completing these risk assessments. The risk must be accepted by an appropriate (AP). There needs to be a clear limit to the delegation for any Dynamic Risk Assessment (RA) that can be conducted by the OiC once the event is underway. P 375 Chapter 8 should be referenced. (i.e. knowing when to "stop"). **Review the risk assessment and update (as necessary)** The Commander, Manager or AP **must** continuously assess the activity and where unexpected hazards arise or the activity changes, then he risk assessment **must** be reviewed (this is referred to as a dynamic risk assessment) **and additional control measures added if necessary.** **Potentially high-risk activity**. The residual risk must be identified, who is authorised to hold such risk and that an audit trail confirms that the activity plan was agreed as ***ALARP and Tolerable*** – and that the plan will be followed.
Duty of Care	All events/activities must be subject to the direction and guidance within MOD policy[5]. For AT and Sport in the RN, Duty of Care (DoC) applies to all activities. The Royal Navy only applies Duty Holding to military activity so does not apply Duty Holding to AT, Sport or the types of activity considered in this RNTM. If in doubt refer to BRd10 and/or the Navy Safety Centre.
Experience and/or Competence	Authorising officers must be satisfied that participants are appropriately prepared and, if necessary, qualified to participate in the event/activity.
Fitness and Medical Standards	The following fitness and medical standards must be applied: **Fitness Standards.** As a minimum, participants must be in-date for their respective Service fitness assessment. Depending on the event/activity. **Medical Standards.** In principle, all participants should be graded Medically Fully Deployable (MFD). However, it is recognised that some individuals without an MFD grading may be more than capable of participating in an event/activity or participation may assist recovery to MFD. Authorising officers must assess the medical status of all participants and seek medical advice if they are unsure of an individual's ability to participate.

[4] The CO or the 2* will be the authorising officer IAW the 'Decision Matrix' process at Annex A.
[5] DSA 01.1 – Defence Policy for Health, Safety and Environmental Protection.

Condition	Key Points to Consider
Duration	Events/activities will normally be short in duration, lasting up to 7 days but this is at the discretion of the authorising officer.
Location or Destination	The following points apply: **General.** Event/activity organisers should select activities within the UK. However, events/activities conducted overseas may be considered, but may not attract the same levels of public funding, especially for travel (see Table 2). **Land Clearance in UK**. Activity organisers should consider whether Land Clearance is required for their proposed event/activity. Guidance can be found in JSP 907 – Use of the Defence Training and Evaluation Estate. **Overseas In-country Clearance**. Where an event/activity is taking place outside of the UK, the Activity Organiser must obtain in-country clearance from the Defence Attaché at the Embassy of the destination country. **Accidents/Incidents**. All accidents and incidents must be managed and reported in accordance with JSP 375 and sS reporting procedures (NSOR tbrb DURALS). **Medical Plans and Emergency Action Procedures**. Authorising officers should ensure that activity Organisers/Participation Co-ordinators have a Medical Plan that includes Emergency Action Procedures (EAP); it is essential that the Medical Plan and EAPs are well known to key unit personnel and all individuals conducting/involved with the event/activity.
	Overseas Medical Facilities. As part of the Medical Plan it is recommended that event/activity organisers/coordinators contact the in-country DA staff to establish the country's medical facilities, emergency process and other medical matters. This information and the medical sequence to be followed needs to be included in the Medical Plan and EAPs. It may also require Competent Medical Authority (CMA) approval[6]. It may also be necessary to consider a group or individual medical insurance.
Personal Insurance	If correctly authorised in following the guidance within this RNTM and Service Personnel (SP) are placed 'On Duty', they will be covered by the MOD's self-insurance arrangements whilst participating in the specific event/activity. However, individuals are strongly recommended to have personal accident and liability insurance to cover any occasions when they are not **directly** participating in the activity (such as periods of stand-down/leave or other activities not directly related to the authorised event/activity). Organisers are to check whether participants have insurance and encourage those without, to purchase cover. The risks of not being covered are to be clearly explained.

[6] The RN CMA is Asst Head Medical Operations and Capability.

Condition	Key Points to Consider
Equipment Insurance	As the MOD is not liable for the cost of insuring personal effects or issued military equipment, equipment insurance is strongly recommended to cover the loss or damage to personal and military issued equipment that may occur during any event/activity.
MOD Insurance and Duty Travel	Under government legislation the MOD's liability towards its passengers is restricted to approximately £75,000. If individuals wish to obtain increased cover, they should take out further insurance at their own expense. Please refer to MOD Insurance for Duty Travel for further guidance.
Civilian Participation	Except for the use of key enablers, civilian participation (including MOD Civil Servants and Contractors) is not to be authorised for events/activities being considered within this policy.
Use of Key Enablers	For some events/activities there may be the requirement for a key enabler[7]. The use of a key enabler to facilitate activities is limited to those already in the employment of MOD as Crown Servants (Military/Civilian) or through call-off contracts.
Fee Earners	If a key enabler is not sourced from the above means then units can use the 'Fee Earners Engagement' process, however approval for this must be through the Fee Earner Engagement HR Form 161
Duty Status	If correctly authorised, then SP will be 'On Duty' whilst participating in the specific authorised event/activity. As in any other military situation there may be occasions when SP are considered 'Off Duty', when engaged in a function or an activity not required by the Service and not directed or supervised by Service leaders. The exercise instruction should delineate between these periods and participants should be made aware of each transition.
Off Duty Recreation Activity	Individuals may partake in activities should they so wish, however, there must be no association with the unit (transport/admin order/funding) which may suggest that the unit is any way responsible for the activity[8].
Pre-Training	Authorised events/activities may require some form of pre-training to conform to the SST. If required, all pre training must be conducted within the spirit of the Direction and Guidance (D&G) within this RNTM.

[7] Instructor, Guide, Skipper etc.
[8] Any guidance or instruction on an activity may be misinterpreted as inadvertent authorisation or approval by the unit

2. Funding

If correctly authorised, some elements of public funding may be used to help offset the cost of participation, but this must be approved by the appropriate budget holder. Any shortfall in public funding is to be met from non-public funds. Guidance for funding sources is listed in Table 2 below:

Table 29B-2. Use of Public Funds.

Action	Guidance
Travel	Travel at public expense from the unit travel budget can only be authorised for events/activities conducted within the UK; Overseas travel can only be conducted at non-public expense (this includes all elements of travel and subsistence, including from unit to point of disembarkation and the equivalent return journey). Travel is to be by the most economic method and should be based on collective arrangements whenever possible.
Subsistence	In accordance with JSP752 Parts 1 and 2 day and night subsistence allowances are not eligible. Military accommodation must be used in the first instance. Where military accommodation is not available, accommodation costs are to be met from non-public funds[9].
CILOR	If military accommodation that provides catering or Pay as You Dine (PAYD) facilities is not available, then CILOR can be authorised and must be applied for through respective Log Sp Food Services departments.
Local Overseas Allowance (LOA) and Longer Separation Allowance	In accordance with JSP 752 Part 2 LOA and LSA allowances are not eligible[10].
Commanding Officer's Public Fund (COPF)	Use of the COPF may be authorised to help offset the cost of participation however it must not be used to pay for event entry fees.
Non-Public Funds	Where public funds do not meet the expected costs of the activity, shortfalls must be met from non-public funds. Potential sources of non-public funds include, but are not limited to the following: Ship/Unit Funds. RN&RM Sports Lottery. RN&RM Charity. RM Charity (RM only). Others (Greenwich Hospital, Gosling Foundation etc)

3. Other financial considerations include:

a. **Sponsorship.** Any applications for sponsorship must be in accordance with policy[11] and advice must be sought from Navy Command Corporate Governance at the earliest opportunity. There is a requirement to report all core and non-core sponsorship activity above £5K as part of quarterly returns to MOD, submitted through Navy Command Corporate Governance.

[9] For example, the use of campsites is permitted but costs must be met from non-public funds.
[10] N.B. Para 19 of JSP 752 Part 2 for other allowances/charges that may affect individuals whilst away on activities.
[11] JSP 462 – Part 2, Chapter 7 – Sponsorship.

b. **Personal Contributions.** Having expended all efforts to identify sources of funding, a personal contribution may still be required to participate in the event/activity. The level of personal contribution will be wholly dependent upon available public or non-public funds and at the discretion of the authorising officer. A personal contribution reflects commitment from an individual and should be seen as positive.

c. **Route to Market.** It is important to note that the payment for goods or services using public funds should be through the commercial route to market process and Contracting, Purchasing and Finance (CP&F). This also applies to travel activity that has been given a HRG travel exemption.

4. Authorisation. All activities within the scope must be authorised by the Commanding Officer (CO) of the individuals participating. The following principles will apply:

a. **Decision Matrix.** It is anticipated that many selected events/activities will incorporate risk; either physical, reputational, or both. A simple matrix to assist the CO when determining the level of risk involved is included in this Annex. Three levels of risk are defined which are linked directly to a hierarchy of authorisation[12]:

(1) **Low Risk.** Activities assessed as Low Risk can be authorised by the CO.

(2) **Moderate Risk.** Activities assessed as Moderate Risk require elevation to 1* HQ for subsequent advice[13] and oversight before a CO makes a decision on authorisation.

(3) **High Risk.** Activities assessed to be High Risk will require a Military Judgement Panel (MJP) to be convened by the unit's 2* HQ. Guidance on the attendance and conduct of the MJP is provided below. The MJP must authorise the activity for it to proceed.

b. **Single Unit Activities.** The CO of the unit conducting the event/activity, or who has unit personnel participating in an event/activity, must endorse the activity or proposed participation. The CO must ensure there is a suitable Officer, Warrant Officer or SR/NCO to be the event/activity responsible person[14] for the 'Duty of Care' of all participants.

c. **Multi-Unit Activities.** Where participating individuals come from more than one unit, then a lead unit must be appointed[15]. The CO of the lead unit must ensure there is a suitable Officer, Warrant Officer or SR/ NCO to be responsible for the Duty of Care of all participants. It is advised that SP from other units complete Annex C (signed by their CO) and forward the Annex to the lead unit's activity organiser/participation coordinator to confirm authorisation for their involvement.

d. **Activity Administration Instruction.** An Administration Instruction enables event organisers to formally capture all the processes of authorisation and provides COs with a tangible and auditable document to demonstrate compliance with MOD policy and procedures. A nominal roll within such a document will also act as the mechanism for placing SP on duty.

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[12] A 3 layered assurance approach that involves an elevation up the CofC as the risk increases. This provides assurance and risk management oversight IAW the DH construct.
[13] From a Suitably Qualified and Experienced Person (SQEP) or Subject Matter Expert (SME). The Duty Holding CofC can also seek advice from SQEPs or SMEs outside of their CofC from other organisations such as Dep Hd Navy Sport and RN AT HQ, and may be signposted to other organisations for SQEP/SME advice.
[14] This person must be in attendance and taking part in the event.
[15] Usually the CoC of the proposed activity organiser/leader.

e. **Daily Orders.** In lieu of an Administration Instruction for more simple events, participation in an activity may be recorded on the unit/ship's Daily/Weekly Orders.

5. Media Plan. Depending on the nature of the activity**,** organisers/coordinators are strongly encouraged to consider a Media Plan, this is to produce positive media coverage in order to sell the Navy's message to aid retention and recruitment.

6. Advice. Whilst the CoC is responsible for determining whether to authorise these activities, general advice on the principles introduced in this RNTM should in the first instance be sought from the unit PT department.

ANNEX 29C

GUIDANCE FOR COMMANDING OFFICERS WHEN DETERMINING RISK LEVELS

1. General. The table below provides a decision matrix to assist COs when determining risk levels associated with activities. It does not negate the requirement to conduct a full risk assessment IAW JSP 375. An elevated level of risk will require an elevated level of authorisation:

Risk Factor	Risk Threshold		
	Low (1 pt)	Moderate (2 pts)	High (3 pts)
Altitude	≤2500m	2500 – 3500m	≥3500m[1]
Degree of Hazard[2] (Technical nature of discipline)	Low	Medium	High*
Work Rate[3] (both physical & psychological)	Low	Moderate	High* (if sustained for long periods)
Duration of Continuous Activity (per 24 hrs)	Short (<8 hrs)	Moderate (8-16 hrs)	Long (>16 hrs)
Rest and Recovery Period During the Event/Activity (per 24 hrs)	Long (>8 hrs)	Moderate (5-8 hrs)	Short (<5 hrs)
Acclimatisation	Acclimatised	See note[4]	Unacclimatised[5]
Participant Preparedness	Full	Partial	None
Remoteness (Access to / Response of Emergency Services)	<30 mins	30-60 mins	>60 mins
Organised Event Reputation	Established Event Good Safety Record	N/A	New Event or Frequent Health & Safety Incidents*
Estimated Climatic Conditions (Wet Bulb Globe Temperature (WBGT))[6]	As the vast majority of authorised activities via this RNTM sit outside the WBGT Work/Rest tables contained within JSP 375 Ch 41, all climatic conditions (heat and cold) must be considered separately outside this scoring matrix and specified within the activity Risk Assessment.		

2. Risk Scoring. When determining a risk rating, the following scoring is to be used:

a. Risk factors with a 'Low' risk threshold - 1 pt.

b. Risk factors with a 'Moderate' risk threshold - 2 pts.

[1] Due to the increased risk of altitude-related illnesses (Acute Mountain Sickness (AMS), High Altitude Cerebral Oedema (HACE), High Altitude Pulmonary Oedema (HAPE)), any activities conducted above 3500 metres must automatically be evaluated and authorised by a 2* HQ MJP.
[2] Examples – **Low** - Road cycle touring, **Medium** - Road cycling competitions/races with technical descents at speed, **High** - Off road cycling events/competitions with technical or graded descents.
[3] JSP 375 Ch 41 Annex C provides further detail on Work rate tables
[4] Personnel are either acclimatised or unacclimatised.
[5] In accordance with JSP 539, Part 2, Annex C, UK and Northern Europe based personnel are deemed to be unacclimatised.
[6] For planned activity this can be provided anywhere in the world by the Joint Operations Meteorology and Oceanography Centre

c. Risk factors with a ‘High’ risk threshold - 3 pts. *If an event/activity has a risk factor that falls into these thresholds, consideration regarding participation in the event/activity must be elevated to 1* HQ level for advice and oversight prior to the CO’s authorisation decision is made (even if the total risk score is ‘Low Risk’).

3. Risk Rating and Authorisation. Once the risk factors above have been scored according to the anticipated risk threshold, all of the individual scores are to be added together to create a total risk score. The total risk score will produce a risk rating. This rating is directly linked to the level of authorisation required as defined at para 7a. The risk rating against the total risk score and level of authorisation required is as follows:

Risk Level	Score	Authorised By
Low Risk	Score of 10-12 pts	CO’s Authorisation
Moderate Risk	Score of 12-17 pts	CO’s Authorisation after elevation for advice and oversight at 1* HQ level
High Risk:	Score of 18 pts or more	2* HQ MJP Authorisation

4. Changes in Risk Factors. If the event risk factors and their associated thresholds change from the original scoring, then the following procedure must be applied:

a. A daily/dynamic risk assessment is conducted to include control measures/management of the risk.

b. The updated risk assessment is to be reported back to the Authorising Officer for guidance, advice and continued authorisation to participate.

c. This is to be conducted by the appointed 'Duty of Care' person in consultation with any SQEP or SME present on the ground.

d. The Authorising Officer remains responsible for authorising activities that have elevated risk identified through the daily/dynamic risk assessment.

ANNEX 29D

2* HQ - MILITARY JUDGEMENT PANEL (MJP) COMPOSITION AND CONSIDERATIONS

1. General. As introduced at para 8 and defined at Annex B, some activities may be considered 'High Risk' and subsequently require higher level scrutiny by a unit's 2* HQ.

2. MJP Composition. The suggested membership of a 2* HQ MJP is:

a. Activity Risk Owner (or appointed representative).

b. Corporate Governance representative.

c. Budget Manager.

d. Health and Safety representative.

e. Medical representative.

f. An independent activity-specific Subject Matter Expert (SME) for example:

(1) SO1 AT representative (if appropriate).

(2) DHd Navy Sport representative (if appropriate).

3. MJP Considerations. The aim of the MJP is to:

a. Consider the appropriateness of the event/activity being proposed.

b. Consider the safety arrangements and assess their robustness.

c. Establish whether the benefits of participation outweigh the risks.

d. Set the conditions under which authorisation to participate is predicated.

4. MJP Event Assessment. To help inform the MJP process, the activity leader is to populate the MJP Event Assessment Form at Appendix 1.

5. MJP Result. Having fully considered the activity, the MJP is to produce a written record of the result reached, inform the requesting unit accordingly and archive the record for future retrieval as required.

APPENDIX 1 TO ANNEX 29D

MILITARY JUDGEMENT PANEL (MJP) - EVENT ASSESSMENT FORM

Section 1 - Event Details						
Event Title:						
Activity(ies):						
Organising Body (if a civilian event)						
Location/s:						
Date/s:	From:			To:		
Section 2 - Proposing Unit Details						
Unit Title:						
Activity Leader:	Rank:		Name:		Tel:	
Commanding Officer:	Rank:		Name:		Tel:	
Section 3 - Event Description and Aim of Participation						
Briefly describe the event and state the aims and objectives that will be achieved by those participating:						
Section 4 - Funding Arrangements						
Briefly describe the funding arrangements proposed for participation in the event: (i.e. entry fees, travel, accommodation, food, etc)						
Section 5 - Unit Participants						
No of personnel participating:						
Describe their role/s in the activity:						
Describe their level of competence and preparedness for the activity: (include any qualification requirements and any pre-training)						
Confirm fitness levels and medical status: (refer to para 5f of RNTM)						
Section 6 - Event Safety (summary of risk assessment and admin instructions)						
Describe the written instructions, verbal briefings and Duty of Care that will be afforded to participants:						
Describe the topographical and environmental conditions that are expected: (i.e. terrain, sea state, weather, etc)						

Describe any personal protective clothing and equipment that will be used throughout the event:
Describe the minimum safety standard for any specialist equipment used: (i.e. vehicles, bikes, boats, etc)
Describe the medical arrangements that will be available throughout the event:
Describe the Communication Plan being used for the event: (i.e. use of radios, mobile phones, GPS Trackers (include coverage) etc)
Describe the procedures for emergency recovery or evacuation:
Describe the procedures for incident reporting and notification:
Section 7 - Other Remarks
Use this section to provide any further details that the MJP should be made aware of or that may assist them in making their decision:
Section 8 - Authentication by Activity Leader

Signed		Rank		Name		Date	
Section 9 - MJP Approval / Not Approved (delete as appropriate) - Risk Held							
Signed		Rank		Name		Date	

CERTIFICATE OF AUTHORISATION FOR MULTI-UNIT ACTIVITY

1. This certificate is to be completed by individuals, from units other than the lead unit, when participating in an activity within scope of this RNTM.

2. Once completed and authorised by the individual's Commanding Officer, iaw JSP 375 Chapter 39 (Retention of Records) this certificate is to be forwarded to the activity organiser in the lead unit, who must retain the certificate as confirmation of authorisation to participate in the event/activity. When this certificate is considered no longer valid it should to retained locally or sent to archive (see JSP 441) and should be retained for a minimum of 3 years.

Section 1 - Event Details	
Event Title:	
Activity:	
Organising Body (if a civilian event):	
Date/s:	
Location/s:	
Section 2 - Lead Unit Details	
Lead Unit Title:	
Name of Unit Activity Leader:	

Section 3 - Unit Participant Details

Ser	Service No	Rank	Initials	Surname	Remarks
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

Section 4 - Unit Point of Contact

Rank		Name		Tel No	

Section 5 - Commanding Officer's Authorisation

I hereby authorise the personnel listed at Section 3 above to participate in the activity described at Section 1 above:

Rank		Name		Signature		Date	

ANNEX 29E

MARITIME MILITARY HEALTH ENVIRONMENT ASSESSMENT TOOL (m-HEAT) ASHORE

- Background Information
- Background information is obtained to understand the demographics of the maritime military working environment and provide some context to the audit.

SECTION 1: Background Information	
Date of Completion:	
Unit and Establishment Type (e.g. RN, RM, tri-Service, or detail mixed):	
Unit Taskings (e.g. Initial Military Training, Dockyard, Air Station, etc.):	
Typical working patterns of Unit personnel (Working day/ hours/ special duties):	
Average number of personnel attached to the Unit:	
Male:	
Female:	
Officers:	
Senior Rates/Ranks:	
Junior Rates/Ranks:	
Living Accommodation (e.g. SLAM, Houses, Blocks [room occupancy] – provide as much detail as possible):	

SECTION 2: The Nutrition Environment

1. Meal timings (for your Unit as appropriate; leave blank where not relevant): (e.g.: xx:xxhrs – xx:xxhrs)			
a. Juniors Dining Facility:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
b. Seniors Dining Facility:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
c. Wardroom/Officers Mess:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
d. Other (Please Detail): _____	Detail Opening Times:	_ _ : _ _ - _ _ : _ _	Notes:
e. Duty Meals Availability:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
2. Typical time available to eat:	Breakfast: _ _ hrs _ _ min	Lunch: _ _ hrs _ _ min	Dinner: _ _ hrs _ _ min
3. Menu cycle (number of weeks):			
4. Free time of personnel:	a. Typical Timings: _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ b. Where does the crew (Juniors, Seniors, Officers) spend their free time? Juniors: …… Seniors: …… Officers: ……		

	c. Typical food consumed during this time: Juniors: …… Seniors: …… Officers: …… d. Typically, from where is the food/drinks consumed during this time sourced: Juniors: …… Seniors: …… Officers: ……

5. Provision (Dining Facility = DFAC)	Juniors DFAC	Seniors DFAC	Ward-room	Details	Score
a. A Healthy meal choice available	Y_1 N_0	Y_1 N_0	Y_1 N_0		
b. Healthy choices are identified on the menu	Y_1 N_0	Y_1 N_0	Y_1 N_0		
c. Healthy choices are identified at the Counter	Y_1 N_0	Y_1 N_0	Y_1 N_0		
d. How many main meal choices at lunch?					
e. How many main meal choices at dinner?					
f. Healthy options are clearly visible	Y_1 N_0	Y_1 N_0	Y_1 N_0		
g. There is a vegetarian option	Y_1 N_0	Y_1 N_0	Y_1 N_0		
h. There is a vegan option on request	Y_1 N_0	Y_1 N_0	Y_1 N_0		

i. There is a gluten free option on request	Y_1	N_0	Y_1	N_0	Y_1	N_0	
j. There are health education/promotion materials in the DFAC	Y_1	N_0	Y_1	N_0	Y_1	N_0	

6. Typical food provision at meal times (check against menus)

Junior DFAC: a. Breakfast: b. Lunch: c. Dinner:	Senior DFAC: a. Breakfast: b. Lunch: c. Dinner:
Wardroom/Officers' DFAC: a. Breakfast: b. Lunch: c. Dinner:	Duty Food Offer: a. Breakfast: b. Lunch: c. Dinner:

d. Is it considered by personnel that portion sizes are generally acceptable? Y_1 N_0

Detail evidence to inform this decision:			
7. Accommodation Facilities	**Available?**	**Additional Comments**	**Score**
Kettle?	Y_1 N_0		
Microwave?	Y_1 N_0		
Air-fryer	Y_1 N_0		
Blender?	Y_1 N_0		
Fridge?	Y_1 N_0		
Freezer?	Y_1 N_0		
Cupboards for Storage?	Y_1 N_0		
Other? (Please detail)	Y_1 N_0		
Improvements that could be made within the accommodation constraints?			
8. The Shop/Vending Machines	**Available?**	**Additional Comments**	**Score**
a. Opening Hours	_ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs		
b. Meal deals are available	Y_1 N_0		
c. Healthy snacks are available	Y_1 N_0		
d. There are special promotions to encourage healthy eating	Y_1 N_0		

e. There are special promotions on high-fat/high-sugar/ large portion snacks	Y_0 N_1		
f. Are healthy option prices comparable to, or cheaper than, less healthy options?	Y_1 N_0		
g. What would you say are the most popular items?	Detail:		
h. Is there a large selection of high-energy/ caffeinated beverages available?	Y_0 N_1		
i. On balance, would you consider that there are more promotions for unhealthy food options compared with healthy food options?	Y_0 N_1		
j. (If available) vending machines provide healthy snack/drink options?	Y_1 N_0		
k. (If available) the prices of vending machine healthy options are comparable to or cheaper than less healthy options?	Y_1 N_0		
l. What improvements could be made to the shop/vending machine **provision** to encourage healthier eating behaviours?	Y_1 N_0		
m. What improvements could be made to the NAAFI **marketing/ health promotion materials** to encourage healthier food choices?	Detail:		
		Sub-Total	__ / 27

SECTION 3: The Physical Activity Environment						
1. Physical Training						Score
a. Do unit personnel partake in organised structured physical training delivered by a PTI?	Y_1 N_0	Additional Comments				
b. If yes, how frequently (circle times per week)?	5+	4-5	3 - 4	2 - 3	1 - 2	1 – 0
c. What type of activities are offered? (e.g. Circuits, Pilates, Boxing, Yoga)	Detail:					
d. On average, are these group classes well attended?	Y_1 N_0	Additional Comments:				
e. Which activities are particularly well-attended by unit personnel?	Detail:					
f. Are personnel allocated time to carry out their own physical training during the working day?	Y_1 N_0	Additional Comments:				
g. If yes, on average how regularly does this occur (circle times per week)?	5+	4 – 5	3 – 4	2 – 3	1 – 2	1 – 0
h. Are organised sporting opportunities provided?	Y_1 N_0	Additional Comments:				
i. Are Adventurous Training opportunities provided?	Y_1 N_0	Additional Comments:				

2. Fitness training facilities/ equipment			
a. Is there a gym available? *If more than one, please detail in additional comments*	Y_1 N_0	**If no, move to question 3.** Additional Comments	
If yes, what equipment is available?			
b. Treadmill	Y_1 N_0	How many?	
c. Rowing Machine	Y_1 N_0	How many?	
d. Stepper	Y_1 N_0	How many?	
e. Cross-Trainer	Y_1 N_0	How many?	
f. Bike	Y_1 N_0	How many?	
g. Spinning Bike	Y_1 N_0	How many?	
h. Free-Weights (Dumbbells/ benches)	Y_1 N_0	How many?	
i. Free-Weights (Power/Squat rack)	Y_1 N_0	How many?	
j. Lifting Platform	Y_1 N_0	How many?	
k. Functional Training Rig	Y_1 N_0	How many?	
l. Mats	Y_1 N_0	How many?	
m. Boxing Bag and Gloves	Y_1 N_0	How many?	
n. Please detail any equipment not listed above:			

n. Is there music in the gym?	Y_1 N_0		
o. Is there a TV in the gym?	Y_1 N_0	How many?	
p. Is there Wi-Fi in the gym?	Y_1 N_0		
3. What **improvements** could be made to the facilities/ equipment to encourage more personnel to participate in the gym activities?	Additional comments:		
4. What other **improvements/ support** could be provided to encourage personnel to be more physically active?	Additional comments:		
		Sub Total	__ / 21

Notes:

SECTION 4: The Sleep Environment

1. Have any issues around sleep/rest/fatigue being raised with Command?	Y_0 N_1	Provide brief details:
2. Was Command able to take action to remediate this/ these issues?	Y_1 N_0	Provide brief details:
Generally, with respect to the following criteria, is the sleep environment within unit accomodation acceptable?		
	Acceptable	**If no**, can a local solution be provided (please detail)?
3. Juniors Accommodation:		
a. Bed space	Y_1 N_0	Room occupancy (number/room):
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	
e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	

h. Smell	Y_1 N_0	
4. Seniors Accommodation:		
a. Bed space	Y_1 N_0	Room occupancy (number/room):
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	
e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	
h. Smell	Y_1 N_0	
5. Officers Accommodation:		
a. Bed space	Y_1 N_0	Room occupancy (number/room):
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	
e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	

h. Smell	Y_1 N_0	
	Sub Total	__ / 26

SECTION 5: The Alcohol and Nicotine Use Environment

1. Alcohol			
a. Is there an Alcohol Policy in place?	Y_1 N_0	Additional Comments	
b. Please detail the policy?			
c. Are Alcohol Brief Interventions available?	Y_1 N_0		
d. If yes, please give brief outline.			
e. Describe how available alcohol is within the establishment, and if there are no/low alcohol alternatives available?	**Juniors:**		
	Seniors:		
	Officers:		

2. Smoking / Tobacco Use					
a. Is a smoking policy in place in the establishment?	Y_1 N_0				
b. If yes, is this generally adhered to?	Y_1 N_0				
c. Does the establishment have, or is developing, a tobacco-free implementation strategy?	Y_1 N_0				
d. Does the establishment have a designated Smoking area?	Y_1 N_0				
e. If no, is this being considered as part of a tobacco-free implementation strategy	Y_1 N_0				
f. Can tobacco products be purchased within the establishment (e.g. cigarettes, cigars, pipe tobacco)?	Y_1 N_0	If yes, please detail:			
3. Vaping / Nicotine Use					
a. Is a vaping policy in place within the establishment?	Y_1 N_0				
b. If yes, is this generally adhered to?	Y_1 N_0	**OR** (counts as one item)	If no, is a vaping policy/implementation strategy in development?	Y_1 N_0	
c. Can personnel buy vaping products within the establishment?	Y_1 N_0	If yes, please detail:			

d. Can personnel buy other nicotine containing products within the establishment (e.g. pouches)?	Y_1 N_0	If yes, please detail:	
		Sub Total	__ / 12

SECTION 6: Health Promotion and Mental Health			
1. Are any of the following workplace health initiatives offered/ provided?		**If Yes**, please provide details (e.g. Nutrition, Physical Activity, Sleep, Alcohol, Smoking; Length of initiative/ when/ who leads?)	
a. Activity groups/ classes	Y_1 N_0		
b. Team building events	Y_1 N_0		
c. Presentations on healthy eating	Y_1 N_0		
d. One-to-one nutrition support	Y_1 N_0		
e. One-to-one fitness/physical activity support	Y_1 N_0		
f. Healthier Weight / Weight management programme (e.g. DOfit)	Y_1 N_0		

g. Health promotion materials/advice (e.g. notice boards, flyers/pamphlets, emails etc.)	Y_1 N_0		
h. Smoking cessation services	Y_1 N_0		
i. Alcohol brief interventions	Y_1 N_0		
j. Health and wellbeing fair	Y_1 N_0		
k. Defence Health and Wellbeing Advisor (DHWA) within the establishment	Y_1 N_0	**If yes**, how many and what is the specialism of the practitioner(s) (e.g. PTI, nurse)	
k. Qualified mental health personnel within the establishment	Y_1 N_0	If no, who would you go to if you needed support?	
l. Mental Health Briefs available	Y_1 N_0		
m. Percent of establishment's/Unit's personnel in date for Mental Health Fitness brief?	___ %		
k. Other (please detail)	Y_1 N_0		
		Sub-Total	__ / 14

Notes:

(Shore-Base) m-HEAT SCORING		
Section 1:	**Background Information**	Completed: Y N
Section 2:	**Nutrition Environment**	Sub-Total: / 27
Section 3:	**The Physical Activity Environment**	Sub-Total: / 21
Section 4:	**The Sleep Environment**	Sub-Total: / 26
Section 5:	**The Alcohol and Nicotine Use Environment**	Sub-Total: / 12
Section 6:	**Health Promotion and Mental Health**	Sub-Total: / 14
		Total: /100
		%:

Unit-Reflection	
After completing the maritime m-HEAT:	
• Detail what you would consider to be the top three challenges/ blockers to supporting positive health behaviours in your Unit in order of importance (1 = highest; 3 = lowest), and detail if you believe that these are in the Unit's control:	In Unit's Control? (Yes or No)
1.	Y N
2.	Y N
3.	Y N
• Detail what you would consider to be the top three facilitators/ enablers to supporting positive health behaviours in your Unit in order of importance (1 = highest; 3 = lowest), and detail if you believe that these are in the Unit's control:	
4.	Y N
5.	Y N
6.	Y N
Additional comments:	

ANNEX 29F

MARITIME MILITARY HEALTH ENVIRONMENT ASSESSMENT TOOL (m-HEAT) AFLOAT

1. Background Information. Background information is obtained to understand the demographics of the maritime military working environment and provide some context to the audit.

SECTION 1: Background Information	
Date of Completion:	
Unit and Vessel Type:	
Operation/Tasking:	
Typical working patterns of Ship/Submarine crew (Working day/ hours/ watch keeping):	
Average number of personnel onboard (include embarked personnel; e.g. RM, RAF/aircrew):	
Male:	
Female:	
Officers:	
Senior Rates/Ranks:	
Junior Rates/Ranks:	
Crew Accommodation (e.g. cabins, 18, 26, 30 Person Mess; provide as much detail as possible):	

SECTION 2: The Nutrition Environment

1. Meal timings (for your Unit as appropriate; leave blank where not relevant): (eg: xx:xxhrs – xx:xxhrs)			
a. Juniors Dining Facility:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
b. Seniors Dining Facility:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
c. Wardroom:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
d. Other (Please Detail): _____	Detail Opening Times:	_ _ : _ _ - _ _ : _ _	Notes:
e. Watch keeping Meal times:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
f. Defence Watch Meal times:	Breakfast: _ _ : _ _ - _ _ : _ _	Lunch: _ _ : _ _ - _ _ : _ _	Dinner: _ _ : _ _ - _ _ : _ _
2. Typical time available to eat:	Breakfast: _ _ hrs _ _ min	Lunch: _ _ hrs _ _ min	Dinner: _ _ hrs _ _ min
3. Menu cycle (number of weeks):			
4. Free time of personnel:	a. Typical Timings: _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ _ _ : _ _ - _ _ : _ _ b. Where does the crew (Juniors, Seniors, Officers) spend their free time? Juniors: …… Seniors: ……		

	Officers: ……
	c. Typical food consumed during this time: Juniors: …… Seniors: …… Officers: …… d. Typically, from where is the food/drinks consumed during this time sourced: Juniors: …… Seniors: …… Officers: ……

5. Provision (Dining Facility = DFAC)	Juniors DFAC	Seniors DFAC	Ward-room	Details	Score
a. A Healthy meal choice available	Y_1 N_0	Y_1 N_0	Y_1 N_0		
b. Healthy choices are identified on the menu	Y_1 N_0	Y_1 N_0	Y_1 N_0		
c. Healthy choices are identified at the Counter	Y_1 N_0	Y_1 N_0	Y_1 N_0		
d. How many main meal choices at lunch?					
e. How many main meal choices at dinner?					
f. Healthy options are clearly visible	Y_1 N_0	Y_1 N_0	Y_1 N_0		

g. There is a vegetarian option	Y_1	N_0	Y_1	N_0	Y_1	N_0	
h. There is a vegan option on request	Y_1	N_0	Y_1	N_0	Y_1	N_0	
i. There is a gluten free option on request	Y_1	N_0	Y_1	N_0	Y_1	N_0	
j. There are health education/promotion materials in the DFAC	Y_1	N_0	Y_1	N_0	Y_1	N_0	

6. Typical food provision at meal times (check against menus)

Junior DFAC: a. Breakfast: b. Lunch: c. Dinner:	Senior DFAC: a. Breakfast: b. Lunch: c. Dinner:
Wardroom DFAC: a. Breakfast: b. Lunch: c. Dinner:	Watchkeeping Food Offer: a. Breakfast: b. Lunch: c. Dinner:

d. Is it considered by the crew that portion sizes are generally acceptable? Y_1 N_0

Detail evidence to inform this decision:

7. Messdeck Facilities	**Available?**	**Additional Comments**	**Score**
Kettle?	Y_1 N_0		
Microwave?	Y_1 N_0		
Air-fryer	Y_1 N_0		
Blender?	Y_1 N_0		
Fridge?	Y_1 N_0		
Freezer?	Y_1 N_0		
Cupboards for Storage?	Y_1 N_0		
Other? (Please detail)	Y_1 N_0		
Improvements that could be made within the vessel constraints?			

8. The NAAFI/Vending Machines	**Available?**	**Additional Comments**	**Score**
a. Opening Hours	_ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs _ _ : _ _hrs - _ _ : _ _hrs		

b. Meal deals are available	Y_1 N_0		
c. Healthy snacks are available	Y_1 N_0		
d. There are special promotions to encourage healthy eating	Y_1 N_0		
e. There are special promotions on high-fat/high-sugar/ large portion snacks	Y_0 N_1		
f. Are healthy option prices comparable to, or cheaper than, less healthy options?	Y_1 N_0		
g. What would you say are the most popular items?	Detail:		
h. Is there a large selection of high-energy/ caffeinated beverages available?	Y_0 N_1		
i. On balance, would you consider that there are more promotions for unhealthy food options compared with healthy food options?	Y_0 N_1		
j. (If available) vending machines provide healthy snack/drink options?	Y_1 N_0		
k. (If available) the prices of vending machine healthy options are comparable to or cheaper than less healthy options?	Y_1 N_0		
l. What improvements could be made to the shop/vending machine **provision** to encourage healthier eating behaviours?	Details:		

m. What improvements could be made to the NAAFI **marketing/ health promotion materials** to encourage healthier food choices?	Detail:	
	Sub-Total	__ / 27

SECTION 3: The Physical Activity Environment

1. Physical Training						Score
a. Does the Unit/Sub-Unit partake in organised structured physical training delivered by a PTI?	Y_1 N_0	Additional Comments				
b. If yes, how frequently (circle times per week)?	5+	4-5	3 - 4	2 - 3	1 - 2	1 – 0
c. What type of activities are offered? (e.g. Circuits, Pilates, Boxing, Yoga)	Detail:					
d. On average, are these group classes well attended?	Y_1 N_0	Additional Comments:				
e. Which activities are particularly well-attended by the crew?	Detail:					
f. Are personnel allocated time to carry out their own physical training during the working day?	Y_1 N_0	Additional Comments:				

g. If yes, on average, how regularly does this occur (circle times per week)?	5+	4 – 5	3 – 4	2 – 3	1 – 2	1 – 0
h. Are organised sporting opportunities provided?	Y_1 N_0	Additional Comments:				
i. Are Adventurous Training opportunities provided?	Y_1 N_0	Additional Comments:				
2. Fitness training facilities/ equipment						
a. Is there a gym available? *If more than one, please detail in additional comments*	Y_1 N_0	**If no, move to question 3.** Additional Comments				
If yes, what equipment is available?						
b. Treadmill	Y_1 N_0	How many?				
c. Rowing Machine	Y_1 N_0	How many?				
d. Stepper	Y_1 N_0	How many?				
e. Cross-Trainer	Y_1 N_0	How many?				
f. Bike	Y_1 N_0	How many?				
g. Spinning Bike	Y_1 N_0	How many?				

h. Free-Weights (Dumbbells/ benches)	Y_1 N_0	How many?	
i. Free-Weights (Power/Squat rack)	Y_1 N_0	How many?	
j. Lifting Platform	Y_1 N_0	How many?	
k. Functional Training Rig	Y_1 N_0	How many?	
l. Mats	Y_1 N_0	How many?	
m. Boxing Bag and Gloves	Y_1 N_0	How many?	
n. Please detail any equipment not listed above:			
n. Is there music in the gym?	Y_1 N_0		
o. Is there a TV in the gym?	Y_1 N_0	How many?	
p. Is there Wi-Fi in the gym?	Y_1 N_0		
3. What **improvements** could be made to the facilities/ equipment to encourage more personnel to participate in the gym activities?	Additional comments:		
4. What other **improvements/ support** could be provided to encourage personnel to be more physically active?	Additional comments:		

Sub Total	__ / 21

Notes:

SECTION 4: The Sleep Environment		
1. Have any issues around sleep/rest/fatigue being raised with Command?	Y_0 N_1	Provide brief details:
2. Was Command able to take action to remediate this/ these issues?	Y_1 N_0	Provide brief details:
Generally, with respect to the following criteria, is the sleep environment onboard acceptable?		
	Acceptable	**If no**, can a local solution be provided (please detail)?
3. Junior Ranks Mess:		
a. Bunk space	Y_1 N_0	
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	

e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	
h. Smell	Y_1 N_0	
4. Senior Ranks Mess:		
a. Bunk space	Y_1 N_0	
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	
e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	
h. Smell	Y_1 N_0	
5. Wardroom:		
a. Bunk space	Y_1 N_0	
b. Mattress	Y_1 N_0	
c. Pillow	Y_1 N_0	
d. Light levels (dark / light)	Y_1 N_0	

e. Noise levels	Y_1 N_0	
f. Temperature	Y_1 N_0	
g. Humidity	Y_1 N_0	
h. Smell	Y_1 N_0	
	Sub Total	__ / 26

SECTION 5: The Alcohol and Nicotine Use Environment

1. Alcohol			
a. Is there an Alcohol Policy in place?	Y_1 N_0	Additional Comments	
b. Please detail the policy?			
c. Are Alcohol Brief Interventions available?	Y_1 N_0		
d. If yes, please give brief outline.			
		Alongside:	**Deployed at Sea:**
	Junior Ranks:		

e. Describe how available alcohol is onboard, and if there are no/low alcohol alternatives available?			
	Senior Ranks:		
	Officers:		
2. Smoking / Tobacco Use			
a. Is a smoking policy in place?	Y_1 N_0		
b. If yes, is this policy generally adhered to?	Y_1 N_0		
c. Does the Unit have, or is developing, a tobacco-free implementation strategy?	Y_1 N_0		
d. Does the Unit have a designated Smoking area?	Y_1 N_0		
e. If no, is this being considered as part of a tobacco-free implementation strategy	Y_1 N_0		
f. Can tobacco products be purchased onboard (e.g. cigarettes, cigars, pipe tobacco)?	Y_1 N_0	If yes, please detail:	
3. Vaping / Nicotine Use			
a. Is a vaping policy in place?	Y_1 N_0		

b. If yes, is this generally adhered to?	Y_1 N_0	**OR**	If no, is a vaping policy/implementation strategy in development?	Y_1 N_0	
c. Can personnel buy vaping products onboard?	Y_1 N_0	If yes, please detail:			
d. Can personnel buy other nicotine containing products onboard (e.g. pouches)?	Y_1 N_0	If yes, please detail:			
				Sub Total	__ / 12

SECTION 6: Health Promotion and Mental Health

1. Are any of the following workplace health initiatives offered/ provided?		**If Yes**, please provide details (e.g. Nutrition, Physical Activity, Sleep, Alcohol, Smoking; Length of initiative/ when?)	
a. Activity groups/ classes	Y_1 N_0		
b. Team building events	Y_1 N_0		
c. Presentations on healthy eating	Y_1 N_0		

d. One-to-one nutrition support	Y_1 N_0		
e. One-to-one fitness/physical activity support	Y_1 N_0		
f. Healthier Weight / Weight management programme (e.g. DOfit)	Y_1 N_0		
g. Health promotion materials/advice (e.g. notice boards, flyers/pamphlets, emails etc.)	Y_1 N_0		
h. Smoking cessation services	Y_1 N_0		
i. Alcohol brief interventions	Y_1 N_0		
j. Health and wellbeing fair	Y_1 N_0		
k. Defence Health and Wellbeing Advisor (DHWA) onboard	Y_1 N_0	**If yes**, how many and what is the specialism of the practitioner(s) (e.g. PTI, nurse)	
k. Qualified mental health personnel onboard	Y_1 N_0	If no, who would you go to if you needed support?	

l. Mental Health Briefs available	Y1 N0		
m. Percent of ship's company in date for Mental Health Fitness brief?	___ %		
k. Other (please detail)	Y1 N0		
		Sub-Total	__ / 14

Notes:

(Maritime) m-HEAT SCORING		
Section 1:	**Background Information**	Completed: Y N
Section 2:	**Nutrition Environment**	Sub-Total: / 27
Section 3:	**The Physical Activity Environment**	Sub-Total: / 21
Section 4:	**The Sleep Environment**	Sub-Total: / 26
Section 5:	**The Alcohol and Nicotine Use Environment**	Sub-Total: / 12
Section 6:	**Health Promotion and Mental Health**	Sub-Total: / 14
		Total: /100
		%:

Unit-Reflection	
After completing the maritime m-HEAT:	
• Detail what you would consider to be the top three challenges/ blockers to supporting positive health behaviours in your Unit in order of importance (1 = highest; 3 = lowest), and detail if you believe that these are in the Unit's control:	In Unit's Control? (Yes or No)
1.	Y N
2.	Y N
3.	Y N
• Detail what you would consider to be the top three facilitators/ enablers to supporting positive health behaviours in your Unit in order of importance (1 = highest; 3 = lowest), and detail if you believe that these are in the Unit's control:	
4.	Y N
5.	Y N
6.	Y N
Additional comments:	